

Kansas Health and Environmental Laboratories (KHEL)

Zika Virus Specimen Guide

Specimen collection instructions for Zika virus testing:

- Contact KDHE Epidemiology (877-427-7317) to request consultation and prior authorization for Zika virus testing.
- Collect a blood specimen in serum separator tube (SST). Follow manufacturer's instructions for serum processing or see below steps.
 - Gently invert 5 times.
 - Allow blood to clot for at least 30 minutes. Centrifugation must be performed within 2 hours of collection.
 - Centrifuge for 10 minutes at 1000-1300 RCF (g) in a swinging bucket centrifuge, or 15 minutes in a fixed-angle centrifuge.
 - Remove cap and pour serum into provided or standard serum pour-off tube. Required serum volume is 2 to 5 mL.
- Urine specimens ***must be submitted with a paired serum specimen.***
 - Specimens should be sent in provided or standard urine collection tube or cup pour-off tube. Required volume is 2 to 5 mL.
- Label pour-off tube with name, date of birth, barcode sticker from the KDHE Universal Laboratory Submission Form and specimen source (e.g. Serum, Urine) on each specimen tube.
- Refrigerate specimen at 2-8°C prior to shipping.
- Specimens should be received at KDHE Laboratory ***within 72 hours of collection.***

Zika virus Specimen Shipping Instructions:

- Insert labeled tubes in absorbent sleeve and into a 95kPa specimen transport bag and seal completely.



- Complete the KDHE Universal Laboratory Specimen Submission Form (Health) "Universal Form."

Please be sure to complete at least the following fields:

- | | |
|-------------------------------|---|
| 1. Facility Name | |
| 2. Facility Address | |
| 3. Facility ID | Facility ID assigned by KDHE Laboratory |
| 4. Patient Full Name | last name, first name |
| 5. Date of Birth | MM/DD/YYYY |
| 6. Collection Date | MM/DD/YYYY |
| 7. Collection Time | HH:MM |
| 8. Collector's Name | last name, first name |
| 9. Physician's Name | Ordering physician's name |
| 10. Specimen Source | Blood and urine |
| 11. Diagnosis Code | A92.8 |
| 12. Epi Approved By | Name of KDHE epidemiologist who approved patient for Zika testing |
| 13. Date of Onset | Illness onset date, or write "asymptomatic" |
| 14. Test for (Specify) | Zika virus |

KDHE Universal Laboratory Specimen Submission Form (Health)

6810 SE Dwight Street | Topeka, KS 66620 | CLIA 17DO648254
Fax: 785-296-1641 | Phone: 785-296-1620

FACILITY NAME _____ **1**
FACILITY ADDRESS _____ **2**
FACILITY ID _____ **3**

SPECIMEN SOURCE / MATRIX **KHEL use only**

☐ Blood ☐ Serum ☐ Urine **10**
☐ Bronchial Wash ☐ Sputum ☐ Vaginal
☐ CSF ☐ Stool ☐ Wound
☐ Endocervical ☐ Urethral
☐ Genital ☐ Urine
☐ Nasopharyngeal ☐ Vaginal
☐ Plasma ☐ Wound
☐ Other _____

PATIENT INFORMATION (Required)

Last Name, First _____ **4**
DOB _____ **5** Sex: ☐ Male ☐ Female ☐ Unknown
Race: ☐ White ☐ Asian ☐ AI, AN ☐ Black ☐ HN, PI
Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Non Latino
Address _____
City _____ State _____ Zip _____
MRN # _____
Medical # _____
Collection (Date/Time) _____ **6** / **7** Collector _____ **8**
Physician's Full Name _____ **9**

DIAGNOSIS CODE/REASON (Required) _____ **11**

Test Ordered/Accession (please check below)

DIAGNOSTIC MICROBIOLOGY:

Tuberculosis
☐ Culture w/ smear ☐ Mycobacterium (Isolate ID)
☐ Quantiferon: Incubation (Date/Time (Required))
IN _____ / OUT _____ / Not Incubated
Quantiferon Test Program:
☐ College Contract ☐ Refugee
☐ Contact Investigation ☐ Screening Contract
☐ Corrections Contract ☐ Other _____

☐ Fecal Ova/Parasite ☐ Worm (ID) ☐ Arthropod
(add) ☐ Cryptosporidium ☐ Cyclospora
☐ Bacterial Isolate (ID only) Specify Organism:
☐ GNR ☐ GNC ☐ GPR ☐ GPC
☐ Rule out select agent

Enteric Stool
☐ Screen Includes: Salmonella, Shigella, Shiga toxin E. coli (STEC), and Campylobacter (add) ☐ Yersinia ☐ Vibrio
☐ Confirmation
☐ Salmonella ☐ Shigella ☐ STEC

TOXICOLOGY
☐ Blood Metals: Lead, Mercury, Cadmium (Whole Blood EDTA)

SEROLOGY/VIROLOGY / MOLECULAR

☐ Chlamydia/Gonorrhea: (Note Source Above)
☐ HIV (Authorized sites only) (Spin/Pour Off/Ship Cold)
☐ Hepatitis B
☐ Hepatitis C
☐ Rubella (Spin/Ship Cold)
☐ Syphilis
Prior Reactives Date _____
☐ Herpes (PCR)
☐ Influenza (ILI sites) ☐ hospitalized

APPROVAL REQUIRED BY: EPI HOTLINE 1-877-427-7317

Epi Approved By: _____ **12**
☐ Hepatitis A (IgM) ☐ Measles
☐ Perinatal-PVST ☐ PCR ☐ IgG ☐ IgM
☐ Norovirus (PCR) ☐ Mumps
☐ PCR ☐ IgG ☐ IgM
☐ Pertussis (PCR) ☐ Varicella (PCR)
☐ West Nile Virus (IgM)
Date of Onset _____ **13**
Test for (Specify) _____ **14**

BIOLOGICAL TESTING: POST EXPOSURE
☐ Food Source ☐ Environmental Source
Test for (Specify) _____

CHEMICAL TESTING: POST EXPOSURE Chain of custody required
☐ Cyanide ☐ VOC's ☐ Nerve Agent Metabolites
- Whole Blood ONLY - Urine ONLY
☐ Toxic Metals (Specimen Type - choose one) ☐ Abrin/Ricin ☐ Tetramine
- Urine ☐ Whole Blood - Urine ONLY
☐ MTP ☐ Other _____

The "Date of Onset" and "Epi Approved By" fields can be completed by referencing the KDHE Epidemiology Zika Virus Approval Form. If that form is not available, contact KDHE at 877-427-7317.



KDHE Epidemiology Zika Virus Approval Form

(Revised 7/2016)

! Form must be filled out **completely**.

! Patient should present this form to the laboratory along with physician's order for Zika testing

FACILITY INFORMATION

Facility Name: _____

Provider Name: _____ Contact #: _____ Fax #: _____

Address: _____ City: _____ County: _____

PATIENT INFORMATION

Last Name: _____ First Name: _____

Date of Birth: _____ Phone: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

Race: ☐ WHITE Ethnicity: ☐ HISPANIC Sex: ☐ MALE
☐ BLACK ☐ NON-HISPANIC ☐ FEMALE → Pregnant? ☐ YES
☐ ASIAN ☐ NO
☐ AMER INDIAN/ALASKA NATIVE ☐ UNKNOWN
☐ NATIVE HAWAIIAN/PAC ISLANDER

Type of Zika exposure: ☐ TRAVEL → Country(ies): _____ → Travel Dates: _____
☐ SEXUAL CONTACT
☐ OTHER (SPECIFY): _____

ILLNESS INFORMATION

Ever symptomatic? ☐ YES → Illness Onset Date: _____
☐ NO

Symptoms (check all that apply): ☐ FEVER ☐ RASH ☐ CONJUNCTIVITIS
☐ JOINT PAIN ☐ MYALGIA ☐ GUILLAIN-BARRÉ SYNDROME

LABORATORY INSTRUCTIONS

Please collect: ☐ 2 mL SERUM
☐ 2 mL URINE
☐ OTHER (SPECIFY): _____

- Use this form to complete the KDHE Universal Laboratory Specimen Submission Form (Health)
- Instructions on completing the universal form, packing, and shipping are at: www.kdheks.gov/labs/downloads/ZikaShipping.pdf
- Packing or shipping questions: Contact KDHE Laboratory at 785.296.1620.
- Epidemiology-related questions: Contact KDHE at 877.427.7317.

KDHE USE ONLY:

Approved by: _____

Date: _____

ID#: _____

- Insert completed Universal Form and Epidemiology Zika Virus Approval Form into outer pouch of 95kPa specimen transport bag.
- Place bagged specimen on frozen cold pack inside Styrofoam® shipper. These can be provided by KHEL.



- Place second frozen cold pack on top of specimen transport bag.



- Add cushioning material (e.g. paper towels) to prevent shifting during shipping.



- Add Styrofoam® shipper lid and insert shipper into fiberboard Category B, Biological Substance box.
- Secure the flaps on outside of fiberboard box with tape.



- Shipping address:
 - Kansas Health and Environmental Laboratories
6810 SE Dwight Street
Topeka, KS 66620
- Ship specimen overnight using courier or other transport service to ensure prompt delivery.
- Avoid shipping specimens on Friday for weekend delivery.
- For additional questions, please contact KDHE Epidemiology @ 877-427-7317.